ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

| Date payment received | |
|-----------------------|--|
| CSR Initials | |

RECEIVED COCHISE COUNTY BOARD OF SUPERVISORS EXTENSION OF PREMISES/PATIO PERMIT

| ZHISMBPLICATION OOST | T BE RETURNED TO THE DEPARTMENT OF LIQUOR | |
|--|---|------------------|
| Permanent change of area of service – List | t specific purpose for change: | |
| Temporary change for date(s) of: 9 1011 FUND RAISER BBQ Com | 112through 9,02,12 List specific purpose for change: | _ |
| | ME DS | Name of the last |
| 2 Mailine All Last | FORER RIPESFIRST OF GETT Middle | 5 |
| 3. Business Name: LA RAMADA ST | State State LICENSE #: 0602006/ | _ |
| 4. Business Address: 1948 5 NACO | HWY BISBEE AZ 85603 | _ |
| Business Phone: (SZO) 43Z 4078 Do you understand Arizona Liquor Laws and Bar | State | |
| What security precautions will be taken to preven Does this extension bring your pression will be | Residence Phone: 20 432 6875 egulations? YES NO Fax #: (520 432 6806 g? NO YES If so, when does your Certificate expire? UNKNOWN Int liquor violations in the extended area? In D. VERIFICATION SECULO BOO feet of a church or school? YES NO PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT | 010 |
| Barrier Exemption: an exception to the require Barrier exemptions are granted based on public List specific reasons for exemption: | rement of barriers surrounding a patio/outdoor serving area may be requeste blic safety, pedestrian traffic, and other factors unique to a licensed premise | ed. |
| Investigation Recommendation Approval | Date. / / | _ |
| ****After completing sections 1-10, please take Designate for their recommendation. This reco | e this application to your local Board of Supervisors, City Council or commendation is not binding on the Department of Liquor. | |
| This change in premises is RECOMMENDED by t | the local Board of Supervisors, City Council or Designate: | |
| (Authorized Signature) | (Title) (Agency) | - |
| under penalty of perjury, that I am the APPLICANT and all statements are true, correct and complete. | making the foregoing application. I have read this application and the continuous | e, tents |
| X KIM A. LEMO Signature of Egent OTARY PUBLIC - AR COCHISE COUNT My Comm. Exp: September | State of Arizona County of Cochise SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date August 42012 | |
| My commission expires on: | (Signature of NOTARY PUBLIC) | |
| Investigation Recommendation Approval Disagnation | nnroval by: | |
| Director Signature required for Disapprovals | Date /_ / | |
| 4/16/2012 *Disabled individuals requiring special ac | ccommodation, please call the Department(602) 542-9027. | |

DANCE MEETING BAR HALL Room FLAGSTONE PATIO KITCHEN PROPERTY LINE APPLICATION RAMADA PROPOSED DINING EXTENSION 2000m OF PREMISE STEAKHOUSE & CANTINA FOR CHARTY YMX ODAN 48 5 C O S 50 N 110Z

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